

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 2-27				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000002				
Contract Number EP-D-14-032			Contract Period 09/16/2014 To 09/15/2017 Base Option Period Number 2			Title of Work Assignment/SF Site Name BenMAP-CE-INTERNATIONAL				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW 12, 14					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval						Period of Performance From 09/16/2016 To 09/15/2017				
Comments: Contractor's request of 08/04/2017 for an additional 120 hours at no additional cost is approved. Cumulative LOE: 1,919. No previously performed work shall be duplicated.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$224,297.84		LOE:		1799		
09/16/2014 To 09/15/2017										
This Action:				\$0.00				120		
Total:				\$224,297.84				1,919		
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		08/04/2017		Cost/Fee		\$0.00		LOE: 120		
Cumulative Approved:				Cost/Fee		\$224,297.84		LOE: 1,919		
Work Assignment Manager Name Neal Fann						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-0209				
						FAX Number:				
Project Officer Name Carolyn Blake						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-5256				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Natalia Fisher-Jackson						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-3564				
						FAX Number:				